

BYLAWS
PROTOCOLS, MEDICATIONS, AND DEVICES COMMITTEE
OF THE
MEDICAL DIRECTION COMMISSION

ARTICLE I
PURPOSE

The Protocols, Medications and Devices Committee (Committee) assists the Medical Direction Commission (Commission) in carrying out the duties described in Arizona Revised Statutes, Title 36, Chapter 21.1, Emergency Medical Services, by making recommendations for adoption by the Director, Arizona Department of Health Services. Duties of the Protocols, Medications and Devices Committee include:

1. Review Drug Box Procedures/Drug lists biennially.
2. Publish, as necessary, agents list approved for prehospital use emphasizing agent concentration, minimum and maximum supply.
3. Develop and distribute information format for each agent approved for prehospital use.
4. Review biennially all agents approved for IV monitoring by certification levels on interfacility transports.
5. Review requests for new therapeutic agents, care devices, and pilot projects, as requested by the Medical Direction Commission and make recommendations to the Medical Direction Commission.
6. Recommend medical standards for non-physician prehospital treatment and prehospital triage of patients requiring emergency medical services.
7. Recommend standards pertaining to prehospital communication for direct and indirect medical control.
8. Recommend standards for prehospital standing orders for treatment and triage.
9. Recommend treatment algorithms for medications approved for prehospital use.

ARTICLE II
COMMITTEE LIAISON

The intent of this Article is to provide for the timely and appropriate exchange of information regarding emergency medical services between the Committee and the Commission. To that end, the Bureau Chief, Bureau of Emergency Medical Services (BEMS), ADHS, or his/her designee, is the Department's liaison to the Committee.

The Bureau Chief, BEMS, or his/her designee, shall provide staff support and technical assistance to the Committee as needed. He/she shall make every reasonable effort to inform the Committee of pending actions and/or issues which may be within the scope of the consultative and advisory duties of the Committee. The Bureau Chief, BEMS, or his/her designee shall be responsible for ensuring the Commission is informed of Committee recommendations and actions in a reasonable time frame.

ARTICLE III MEMBERS

Section 1. Committee Membership

Membership of the Committee will consist of no more than 11 members and will include a diverse representation of individuals from throughout the state. There will be committee members selected from each of the four EMS regions.

Section 2. Term of Membership

Members of the Committee shall be reviewed annually by the Chair, Medical Director, and the Bureau Chief. Appointment to the committee will represent consideration for categories that reflect the nature of the work of the committee.

Section 3. Compensation

Committee members shall not be eligible to receive compensation.

Section 4. Voting

Each member of the Committee shall be entitled to one vote when present at a meeting of the Committee. No individual member shall cast more than one vote on the Committee. Voting by proxy and/or alternate voter shall not be authorized.

Section 5. Vacancies

Committee vacancies shall be filled through appointment by the Medical Director. The Committee Liaison or his/her designee shall be responsible for informing the Medical Director of vacancies.

ARTICLE IV OFFICERS

Chair: The Committee shall have a Chair appointed by the Medical Director of Emergency Medical Services. The Chair shall perform the duties delegated by the Commission and those prescribed by these bylaws and by the parliamentary authority adopted by the Commission and the Committee.

Vice Chair: The Vice Chair of the Protocols, Medications, and Devices Committee will be selected by a majority of the members present and shall serve as the Protocols, Medications and Devices Committee Chair in the absence of the Chair. Upon resignation a new Vice Chair will be selected at the next regular meeting.

ARTICLE V MEETINGS

Section 1. Regular Meetings

The regular meetings of the Committee shall be determined by the Chair and the Bureau Chief and will be scheduled as needed.

Section 2. Special Meetings

Special meetings and/or telephone meetings may be called by the Chair in agreement with the Committee Liaison, or by written request of five (5) members of the Committee and must comply with the Open Meeting Law.

Section 3. Notice of Meetings

Committee members shall be notified ten (10) days in advance of all Committee meetings. A yearly schedule of regular Committee meetings shall be made available to Committee members in January. Minutes of the previous meeting and an agenda for the upcoming meeting should be available to members ten (10) days in advance of the Committee meetings.

Section 4. Attendance

Regular attendance is expected of all Committee members. If a member fails to attend three (3) consecutive meetings, the Committee Liaison will notify the Medical Director, who will terminate that member's appointment.

Section 5. Quorum

A simple majority of the members of the Committee in person or by telephone shall constitute a quorum. Quorum will be determined by those actual members of the Committee and without consideration of vacant membership positions.

ARTICLE VI SUBCOMMITTEES

Section 1. Establishment of Subcommittees

Subcommittees may be established by the Committee Chair with the approval of the Committee membership. Unless otherwise provided by these bylaws, members of subcommittees and their Chairs shall be appointed by the Chair of the Committee with due concern for categorical and geographic representation appropriate to the specific duties of the particular subcommittee. The Chair of the Committee shall be an ex-officio member of all subcommittees.

Section 2. Subcommittee Membership

Membership on subcommittees need not be limited to members of the Committee. However, the subcommittee Chair and at least one additional member of the subcommittee shall be members of the Committee. A member of the Committee may act as Chair if the regular subcommittee Chair is absent. Use of consultants and/or subject matter experts is encouraged.

Section 3. Ad Hoc Subcommittees

Ad hoc subcommittees operate at the pleasure of the Committee and may be terminated by the Committee at any time. The Committee will develop general guidelines for ad hoc subcommittees operating procedures and will define the scope and action, as well as goals and objectives for each. Ad hoc subcommittees will be responsible for reporting activities and action recommendations, and receiving Committee assignments at each meeting of the Committee.

Section 4. Special Subcommittees

Special subcommittees may be established by the Chair with approval of the Committee. Special subcommittees may be established when an effort is indicated to conduct specialized investigative and advisory activities.

ARTICLE VII PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Committee in all cases to which they are applicable and in which they are inconsistent with these bylaws.

The Committee will appoint a member to act as Parliamentarian during meetings. It is the

Parliamentarian's responsibility to ensure Committee meetings are conducted following Robert's Rules of Order.

ARTICLE VIII OPEN MEETING LAW

The Arizona Open Meeting Law shall apply to meetings of the Committee.

ARTICLE IX MINUTES

Minutes of each Committee meeting will be recorded and the Committee shall have the right of review and correction of minutes of all meetings before publication and distribution.

ARTICLE X MOTIONS

All motions passed by this Committee will be forwarded to the Medical Direction Commission for review and/or action at their next regularly scheduled meeting.

ARTICLE XI AMENDMENTS

These bylaws can be amended at any regular meeting of the Committee by a majority vote, provided that the amendment has been submitted to the members in written form ten (10) days in advance of the meeting. Bylaws will be reviewed, at a minimum, every three years.

Approved: 4/97

Revised and Approved by MDC: 3/27/98

Revised and Approved by MDC: 3/26/99

Revised and Approved by MDC: 7/23/99

Revised and Approved by MDC: 1/25/02

Revised and Approved by MDC: 1/24/03